

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25210

1. PLACE OF DEATH

County..... Registration District No. 7407
Township..... Primary Registration District No. 10000
City St. Louis (No. Peoples Hospital

File No.....
Registered No. 67722 St. Ward)

2. FULL NAME Bernice Chatman Davis

(a) Residence, No. 2313 R. Morgan St. 21 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS Abt. 47	MONTHS -	DAYS -
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
13. NAME Winston Chatman		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Mollie Chatman (nee chatman)		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT Maude Chatman (ADDRESS) 2313 Morgan Street (Rear)		
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 8/5/1933		
19. UNDERTAKER C. W. Roberts (ADDRESS) 3035 Lucas Ave.		
20. FILED J. H. Biedec Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-26-1933 to 7-30-1933

I last saw her alive on 7-30-1933 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:
Paraplegia
NOT of spinal origin.

Other contributory causes of importance:
g20

Name of operation none Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Elin W. Carter, M. D.
(Address) 2425 Biddle

